

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

REFORM PAC

ADDRESS (number and street) PO BOX 40427

Check if different than previously reported. (ACC)

WASHINGTON DC 20016

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00315275

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on in the State of

(d) 30-Day **Post-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on in the State of

5. Covering Period 06 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher J. Ward

Signature of Treasurer Electronically Filed by Christopher J. Ward Date 07 10 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
REFORM PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12537.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	20012.74									
(c) Total Receipts (from Line 19)	3500.00	26500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23512.74	39037.74								
7. Total Disbursements (from Line 31)	9205.00	24730.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14307.74	14307.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
REFORM PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3500.00	14500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3500.00	14500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	3500.00	26500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3500.00	26500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3500.00	26500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	505.00	3030.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	505.00	3030.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8700.00	21700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9205.00	24730.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9205.00	24730.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3500.00	26500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3500.00	26500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	505.00	3030.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	505.00	3030.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 9
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REFORM PAC

A. Full Name (Last, First, Middle Initial)
J. Gary Gasper, Mr.

Mailing Address 8021 River Falls Dr.

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Ernst & Young Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.5899

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Jane G. Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.5900

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 9

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
REFORM PAC

Full Name (Last, First, Middle Initial) A. Political Compliance Services		Transaction ID: SB21B.5897																					
Mailing Address PO Box 373		Date of Disbursement																					
City Fairfax Station State VA Zip Code 22039		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	3		2	0	0	6														
Purpose of Disbursement Accounting & Compliance Fees		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>		500.00																			
500.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REFORM PAC

Full Name (Last, First, Middle Initial) A. CALIFORNIA REPUBLICAN PARTY		Transaction ID: SB23.5891 Date of Disbursement
Mailing Address 1903 W Magnolia Blvd		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Burbank	State CA	Zip Code 91506
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="1200.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DAVID MCSWEENEY FOR CONGRESS 2006 INC		Transaction ID: SB23.5894 Date of Disbursement
Mailing Address 8 HUBBELL COURT		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City BARRINGTON HILLS	State IL	Zip Code 60010
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name DAVID MCSWEENEY FOR CONGRESS 2006 INC	Category/ Type	<input type="text" value="1500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 08		

Full Name (Last, First, Middle Initial) C. ROSKAM FOR CONGRESS COMMITTEE		Transaction ID: SB23.5893 Date of Disbursement
Mailing Address 141 SHELLEY LANE		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City WHEATON	State IL	Zip Code 60187
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name ROSKAM FOR CONGRESS COMMITTEE	Category/ Type	<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 06		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REFORM PAC

Full Name (Last, First, Middle Initial) A. STEVE CHABOT FOR CONGRESS		Transaction ID: SB23.5895 Date of Disbursement
Mailing Address 3014 Harrison Ave. 3014 Harrison Ave.		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Cincinnati	State OH	Zip Code 45211
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name STEVE CHABOT FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 01	

Full Name (Last, First, Middle Initial) B. ZINGA FOR CONGRESS		Transaction ID: SB23.5896 Date of Disbursement
Mailing Address P.O. Box 1222		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Moline	State IL	Zip Code 61266
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name ZINGA FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 17	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8700.00"/>